

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1214SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2009
NAME OF PROVIDER OR SUPPLIER VEGAS VALLEY REHABILITATION HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2945 CASA VEGAS STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 23119 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/21/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022853 was substantiated with deficiencies cited. (See Tag Z 265). Complaint #NV00022878 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z265 SS=G	<p>NAC 449.74477 Pressure Sores</p> <p>Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that a patient:</p> <p>1. Who is admitted to the facility without pressure sores does not develop pressure sores unless the development of pressure sores is unavoidable because of the medical condition of</p>	Z265		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z265	<p>Continued From page 1</p> <p>the patient; and This Regulation is not met as evidenced by: Surveyor: 23119 Based on record review and interview the facility failed to ensure a resident who was admitted without pressure sores does not develop pressure sores (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 7/1/09 with diagnoses that included osteoarthritis, congestive heart failure, and renal disease. He was admitted for strengthening and physical therapy.</p> <p>Review of the admitting orders for Resident #1 revealed an order for a wound care evaluation on the day of admission, 7/1/09. An order for Calazime paste to the coccyx every shift for 30 days and an order to float his heels was written on 7/2/09. On 7/19/09, an order was written for wound care for the right heel. An order for wound care for the coccyx was written on 7/20/09.</p> <p>Resident #1's Braden scale for predicting pressure sore risk done on 7/1/09 rated the resident as a 16, mild risk. On 7/6/09 he was a 15, mild risk. And on 7/27/09 he was a 16, mild risk.</p> <p>The nursing admission assessment for Resident #1 did not identify any skin breakdown or pressure sores. On 7/14/09, nursing documented open areas on the right and left buttock; the wound nurse was notified.</p> <p>Review of the Certified Nursing Assistant (CNA) daily skin inspection for Resident #1 revealed the first nine days of July were checked as "clear."</p>	Z265			

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Z265	<p>Continued From page 2</p> <p>On 7/10/09, the CNA began documenting redness on the coccyx and the heel.</p> <p>On 10/21/09, the wound nurse was interviewed. She reported the coccyx wound on admission had a lot of eschar and was unstageable. Review of the wound documentation of 7/2/09, for Resident #1 revealed the coccyx wound was 6 cm in length and 4 cm in width and eschar was present. On 7/7/09, the length was 5.7 cm and the width was 4 cm. On 7/14/09, the length was 8.2 cm and the width was 10.5 cm. The depth was noted as 0.2 cm. The wound was documented as a Stage II at that time.</p> <p>Both Resident #1's heels were noted on 7/2/09, as intact, red and "blanchable" and prevention was the measure to be taken. On 7/7/09, prevention was written for the heels with no other documentation. On 7/14/09, a 6.4 cm by 8.2 cm fluid filled blister was noted. The following week, 7/21/09, the size had increased to 7.2 cm by 8.2 cm, the blister was intact and there was no drainage. On 7/28/09, the blister was noted as a collapsed, decapped blister and described as having a moist red base with pink around the wound. Minimal bloody drainage was noted.</p> <p>On 7/10/09, a Friday, the Unit Manager documented notifying the wound nurse of Resident #1's heel wound and the wound nurse responded, "I know about the heel decubitus, I will come and see the patient on Monday." The wound nurse noted on 7/15/09, a late entry for 7/11/09, "right lateral heel worse, patient with noted fluid filled blister Stage II, pressure ulcer, 6.4 cm X 8.2 cm, purple base, dry and intact with red peri-wound. Heel lift wedge place on bed related to patient being non-compliant with turning and floating heels. Coccyx pressure ulcer</p>	Z265			

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Z265	Continued From page 3 now appears as a Stage II. Moist red base superficially open with purple peri-wound." The provider was notified. Review of the care plan for Resident #1's skin care revealed a care plan for the right heel that was developed on either 7/1/09, 7/10/09, or 7/11/09. The approaches were the standard pre-printed approaches for skin care, and did not include any specific treatments for Resident #1's heels. The heel lift wedge was placed on the bed after the pressure ulcer had developed. Severity: 3 Scope: 1	Z265			

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